

### **Child Care Encounter**

Child Care Encounter	Date_0/4 202
District	
Name Bookeville Head Start License No. Pen	ding
Address 2A05 E Chambers Dr. Box Pulle MS 3800 Center/Organization/Individual	(0)
Purpose Witial Director Angeleque	Beene
Mileage Start Mileage End	
County Previos Telephone No	
Time Out \\:20 Total Time	e
Findings/Comments Here to conduct initial inspection.  Lyon arrival COPI and BDD met with Direct	tor.
Form 2900 and Form 281 have been completed anything marked out on these forms, must be contemporary license can be issued.	mpleted before a
Floor Plan has been discussed and signed.  The max capacity worksheet has been discussed facility capacity could not be set due to play and hax capacity worksheet will be updated once taged the facility when atteast 2 exits.  Therefore a must be a minimum of 2 livensed for 105 children.	ity has approved ,700 sq. At to be
hom 5 (Early Head Start) Wrently has I diaper and I handwashing sink. Per conversation with Contractor, the 2 sinks will remain and traction to counter top to be used as diaper changing stail be added and stored underneath counterwas. No additional sinks will be added to be recommend removing location ammiting the low sink from the floor trans. Mecommendation of see children.	r handwashing sink in Director and my will be added tation. A step-stall top where dishwasher mom 5, coft and BDD ler child hand washing in of removing the plind spot for caregivers
Center Director/Designee/Individual  Child Care Representative	White Copy - Facility File Yellow Copy - Operator
Mississippi State Department of Health  Revised 6-24-09	Form No. 287

### MISSISSIPPI STATE DEPARTMENT OF HEALTH Child Care Encounter (Continuation)

Page 2 of 2

Date 4 202 1.

Facility Name RONEVILLE HEAD START License No. Pending
Director was given child care checklist. Everything on checklist must be completed before a temporary license can be issued.
A final inspection must be completed before a temporary livense can be issued.
Director must contact COFI two weeks before completion, so a final inspection can be scheduled.
Lead test is required for Head Start Planaround (behind faulty) No lead test required for Early Head Start (Front Loncrete)
Fire Form #333 was given to Director.
White Copy - Facility File Yellow Copy - Operator  Center Director/Designee/Individual Child Care Representative



### **Child Care Facility Data Sheet**

Facility Name BONEVILLE HEADSTAXT Date 4/2021
Physical Address 2405 E Chambers Dr., Broneville, MS 38829
Operator Daytime Telephone Number
Commercial Facility Occupied Residence Year Building was construct  Total # of Floors  # of Floors Used for Child Care  # of Rooms  # of Rooms Used for Child Care
I. Building/Grounds
Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply
A. General
In Out NA
1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
□
□         3. Floors —
□ 🗹 □ 4. Ceiling – 🗷 clean 🖈 repair □ paint 🗡 replace
□       5. Plug covers on all outlets.
☐ 6. Barriers installed as needed — kitchen ☐ stairways ☐ windows ☐ porches ☐ other
□ □ 7. Handrails - □ steps □ landings □ toilets □ other
□ □ 8. Heating/cooling — □ gas □ electric □ other
9. Unapproved heaters (must be removed).
☐ ☐ 10. Adequate, proper heating and/or cooling systems.
☐ ☐ 11. Child safe thermometers at child level in every room utilized by children.
□ □ 12. Adequate lighting. Note – All lights must be shielded.
☐ ☐ 13. Telephone accessible to caregivers.
□ □ 14. Individual compartments or hooks for each child.
□ □ 15. Diaper changing stations in all rooms housing children who are not toilet trained.  Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations
☐ ☐ 16. Approved — ☐ waste water ☐ water supply
☐ ☐ 17. Emergency evacuation plan posted.
□ □ 18. Hot and cold running water at all handwashing sinks.
D D 19 Building constructed prior to 1965 has been tested for lead.



	And the second s	0/10/0001		
County Reviss		Date 9 13 2021		<del></del>
Facility Name BOONEVILL	Head Start	License Number Perod	ing	
Purpose FOILOW-UT	Cap	pacity		
All Items In Red Are Critical Qualified director present	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out COS	<b>N/A</b>
Proper staff to child ratio present Room and playground capacity met Center capacity met License/complaint visible Certified food manager		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair		
Sanitation Approved Garbage and garbage bins maintained Vector control maintained		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,	0000	
Water system approved and functioning Waste water system approved and functioning Food service approved		and functioning  Electrical outlets protected  Large appliances located properly		
Possible Monetary Penalty	Monetary Penalty	Sinks and toilets working properly Hot water at all sinks, not to exceed 120°		
2		Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices		
3.     4.	\$ \$	single action approved and in good working order		
5		Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and		Ų
Age/Child/Sta	m Name	in good working order  First aid kits stocked and easily accessi		
2. 3.		Playground area clean, shaded, well drained and equipped and fence in good		
5.		Playground equipment meets standards  (n) CANTONENT AT THE Pool area clean, fenced, and adequately		
6		Pool area clean, fenced, and adequatery maintained  Diaper changing stations adequate in		
Center Director/Individual	) NOU DO BOUR I R PRE	number and each fully supplied (number)  Child Care Representative	Western -	ail
	Copy - Facility Operator Ith 12-	10-08	Form	O 281

B. Kitc	hen/Fo	od Prep	paration Area	
ln	Out	NA		
	Z		1. Adequate refrigeration with thermometer.	
	Z		<ul> <li>2. Adequate cooking appliances (stoves/microwaves/ovens) Note - Number and Type must be based on menu evaluation and number of meals to be prepared</li> <li>3. Approved stove hood, vented to outside per fire codes.</li> </ul>	l.
	<b>A</b> .		**	
			4. Separate freezer when 50+ children are served.	
	A		5. Approved dishwasher	
	A		6. Three (3) compartment sink.	
		Z	7. Food preparation sink.	
		A	8. Mop sink.	
	X		9. Handwashing sink. Note – All sinks must have hot and cold water.	
C. Gro				
ln		NA	1. Approved play area with fence.	
			Approved play area with reflect.  2. All hazards including non-approved playground equipment removed.	
			3. Playground equipment approved before installation.	
	٠,		4. Playground completed before opening for business.	
	Ø		5. Safe arrival/departure areas.	
			6. Soil tested for lead.	
	Ø		7. Other	
II. Furni A. Fu	ture Ai		pment	
ln	Out	NA		
			1. Appropriate	
			2. Child size	
			3. Adequate number	
1000	luipmer			
In		_	1. Approved location of laundry equipment	
	<i>'</i>		2. Recommended toys appropriate for ages of children are available.	
		, <u> </u>	3. Approved bedding — □ cribs □ cots □ pads	
_	בי, נ		Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.	
III. Oth	er		Note = 24 flour and mane and require	
In. Oth		t NA		
		<i>'</i> □	Complies with local zoning, building and fire safety codes.	
IV. Reco	ommer	ndatio	ns	
$\left( \right)$				
Herc	yee		ell See Licensing Officer Live Clark	
Operator/C		11	XHIXIM TUNDI	
White C Mississi	opy - Fa ppi Stat	acility/F e Depar	File Yellow Copy - Operator  rement of Health  Revised 8-05-09	Form No. 286

White Copy - Facility File Yellow Copy - Operator Mississippi State Department of Health



### Child Care Encounter

Child Care Encounter
District 2 Date 8 13 2021
Name BOONEVILL HEAD STAYT License No. Pending
Address 1405 E Chamber 5 Dr. 1000 MS  Center Organization Individual
Purpose Follow-Up Director Angelegie Beene
Mileage Start Mileage End
County Profiss Telephone No. 128-1913
Time In 8:53 Time Out 10:05 Total Time
Findings/Comments Here to conduct to llow-up visit.  Pon arrival and Boo met with Director.
- COL & OCK CONNeted
Forms 281 & 286 were completed. Any outs marked out must be completed before a temporary license can be issued.
Once facility completes the "outs", CCFI will return to inspect.
Only downent lacking for child care checklist is fire form #833. I fire Form #833 must be received before a temporary license can be issued.
Per Tirector, the owner of the facility is MAP.
Kitchen - 3 compartment sink does not have hot water and dishwaster has not been installed yet. Kitchen will be inspected once completed.
Menus will be posted at entrance and butchen.
White Copy - Facility File Yellow Copy - Operator  Center Director/Designee/Individual  Mississippi State Department of Health  Revised 6-24-09  White Copy - Facility File Yellow Copy - Operator  Form No. 287



County Prentiss		Date 9 (0 202)			
Facility Name 2000 CVILLE	Hend Start	License Number_ Reny	ina		
			· )	,	
Purpose Follow up	C	apacity			]
All Items In Red Are Critical Qualified director present Proper staff to child ratio present Room and playground capacity met	In Out COS N/A	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities  Building and Grounds Walls, ceilings, floors, toys, equipment		cos	<b>N/A</b>
Center capacity met License/complaint visible Certified food manager		clean and in good repair  Lighting approved			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning Waste water system approved		Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available, and functioning			
and functioning Food service approved		Electrical outlets protected Large appliances located properly Sinks and toilets working properly			
Possible Monetary Penalty  1  2		Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present Exits, doors and fastening devices			
3.     4.	\$	single action approved and in good working order  Exits unobstructed			
5Age/Child/Sta	aff Name	Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	ں م		
2.		First aid kits stocked and easily access	ible 🗆 🗷	·	
3. 4.		Playground area clean, shaded, well drained and equipped and fence in goo repair			
5.		Playground equipment meets standards			
6.		Pool area clean, fenced, and adequatel maintained	y 		
7. L	augne le Br	Diaper changing stations adequate in number and each fully supplied (number)  Child Care Representative	KMINTO	Λ-7 1	
	Copy - Facility Operator	2-10-08	imber	Eyel Form N	0.281
Mississippi State Department of Hea	aith 1	2-10-00	•	(4)	



#### **Child Care Encounter**

Child Ca	are Encounter	Date 8-6-2021
District 2		Date 6 COOL
Name BOONEVILLE HEAD Start	License No. Pendir	Λ//
Address 2405 E Chambers Dr. Bone	anization/Individual	
	Director_ANGELEQUE TO	eene
Mileage Start	Mileage End	
County Wentiss	Telephone No. 728-79/3	>
Time In 9:30 Time Out 11:2		-
Findings/Comments Here for a folker BDD and CIFI med with	e up inspedion.	en arrival.
Form 286 and 291 were All outs on Form 286 and before a temporary license	0 291 MILOT LE COL	exected/completed
The following was received:		
- Sewer bill		
- for of building		
- Arrival & Departure Policy	-	
- ER Transportation, Policy - Liability Statement		
J		
Director was given copy of that has not been received, temporary license can be is	t Child Care Check must be received to seed.	clist. Anything sefare a
Tanyorany means can be s	2004	
Provider stated playarra	nd equipment h	as been
ordered to be line	Halled of a late	> Cote
moviner stated braight	ena equipment a	JIII CONTINC
Provider will notified CC	FI when plays	paend
equipment arrives	and when consti	ruction
1 will people on the 1	suggettings.	White Come Equility Eile
charlespie de Parise	re Representative	White Copy - Facility File Yellow Copy - Operator
Center Director/Designee/Individual  Child Ca  Mississippi State Department of Health	Necly Carb Revised 6-24-09	Form No. 287
Mississippi Niate Department of ficalli	20,100014 2100	



#### **Child Care Encounter** (Continuation)

 $\frac{2 \text{ or } 2}{2021}$ 

Facility Name BOONEVILLE HEAD STAYT License No. PENDING
The following must be corrected before temporary license can be issued: (Also refer to Form 286 of 281)
· Walls, Floors, Ccilings (cleaned & repaired) · Lights (Bathrooms& Classrooms) · Outlet Switch covers
<ul> <li>Theremometers in all classrooms</li> <li>Evacuation routes in all classrooms</li> <li>Daily schedules in all classrooms</li> </ul>
<ul> <li>Telephone</li> <li>Individual compartments for children</li> <li>Diaper changing stations</li> <li>Hot cold water in all sinks</li> </ul>
· hetrialiation   theezer of thermoreact
<ul> <li>Attrived stole Mood for the coals</li> <li>Kitchen sinks handwashing need not water</li> <li>Playgrounds         <ul> <li>need gates, no gaps wider than 3 1/2 inches</li> </ul> </li> <li>Playground lead test</li> <li>Playground lead test</li> </ul>
· () ASSOCIATE THE TOTAL SET OF WHITE COMMENTS
<ul> <li>Cots Nap Mats   Crips</li> <li>Trash picked up inside attside and on playgrounds.</li> <li>Approved fire Form #1333</li> <li>Hat water heaters must be covered</li> </ul>
Facility capacity has been set at 105 due to room size.
coff will return for final inspection, when faulity is grady.
Center Director/Designee/Individual  White Copy - Facility File Yellow Copy - Operator  Child Care Representative  The Copy - Facility File Yellow Copy - Operator



#### **Child Care Facility Data Sheet**

Facility Name BOONSVILL HOW Start Date 8/0/2021
Physical Address 2405 E Chambers Dr., Boone Ville, MS 38829
Operator MAP Daytime Telephone Number 728-7913
Commercial Facility Occupied Residence 1006 Year Building was constructed
Total # of Floors # of Floors Used for Child Care # of Rooms # of Rooms Used for Child Care
Construction: Masonry
Construction: Masonry / Brick / Frame Metal Other
I. Building/Grounds
Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply
A. General
In Out NA  U 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single
action opening hardware.  2. Walls — Clean D repair D paint D replace
3. Floors — Sclean D repair D paint D replace
□ 4. Ceiling — □ clean □ repair □ paint □ replace
5. Plug covers on all outlets.
☐ ☐ 6. Barriers installed as needed — ☐ kitchen ☐ stairways ☐ windows ☐ porches ☐ other
7. Handrails – 🗆 steps 🗀 landings 🗀 toilets 🗅 other
□ □ 8. Heating/cooling - □ gas □ electric □ other
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
9. Unapproved heaters (must be removed).
☐ ☐ 10. Adequate, proper heating and/or cooling systems.
11. Child safe thermometers at child level in every room utilized by children.
☐ ☐ 12. Adequate lighting. Note – All lights must be shielded.
☐ ☐ 13. Telephone accessible to caregivers.
☐ 14. Individual compartments or hooks for each child.
☐ 15. Diaper changing stations in all rooms housing children who are not toilet trained.  Note — Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations
☐ ☐ 16. Approved — waste water water supply
17. Emergency evacuation plan posted.
□ 18. Hot and cold running water at all handwashing sinks.
D D 10 Ruilding constructed prior to 1065 has been tested for load

R Kitch	nen/Fa	od P	rena	aration Area
B. Kitci	Out	N/	A	
	Ø		1	1. Adequate refrigeration with thermometer.
ū	<i>A</i>		1	2. Adequate cooking appliances (stoves/microwaves/ovens)  Note: Number and Type must be based on menu evaluation and number of meals to be prepared.
	Ø			3. Approved stove hood, vented to outside per fire codes.
Ø			1	4. Separate freezer when 50+ children are served.
	Ø			5. Approved dishwasher
N				6. Three (3) compartment sink.
		/	1	7. Food preparation sink.
		X		8. Mop sink.
	Z		)	<ul> <li>8. Mop sink.</li> <li>9. Handwashing sink. Note – All sinks must have hot and cold water. – No hot water</li> </ul>
C. Gro	unds			
In		,	NA.	1. Approved play area with fence Need Quies
	,		_	2. All hazards including non-approved playground equipment removed.
	-	_	<b>u</b>	2. All hazards including non-approved playground equipment removed.  3. Playground equipment approved before installation Sachity does not have equipment 4. Playground completed before opening for business Faculty does not have equipment
		ם (	<b>Z</b>	3. Playground equipment approved before opening for business Faculty class not have equipment
	) [	١ /	A	4. Playground completed before opening for outsides.
		1		5. Safe arrival/departure areas.
	) /	1		6. Soil tested for lead.
	ן נ	ָ ב	Ø	7. Other
			_	
II. Furn			Eu	pment
	urnitu n C		NA	
_		d		1. Appropriate
	' د	1		2. Child size
	- / o	1		3. Adequate number
	- :quipi			
		Out	NA	A consistency of the consistency
			A	1. Approved location of laundry equipment
	• ,	S		
		Z		3. Approved bedding — □ cribs □ cots □ pads
				Note – 24 hour and night time care require bedding with minimum 3 inch mattresses.
III. O		<b>~</b> .	N.I	A
	In	Out	N	Luilding and fire safety codes.
IV. Re				
IV. NC	COIII	Heria	wei.	
1	* 1			
	. 0	0 . 6	2	was Dienes Krister Willer
Operato	n/Cente	r/Date	4)	Licensing officer Ope, Con Carl
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White Copy - Facility File Yellow Copy - Operator Mississippi State Department of Health



County Prendiss			****		Date 6/4/2021			100000	
Facility Name Boneville Hoads by License Number Pending									
Purpose Thirtial	1.			Car	pacity Cenknown		0		
Purpose CY IC FICO I	Other Items - Must be corrected	In	Out	cos	N/A				
All Items In Red Are Critical Qualified director present Proper staff to child ratio present	In O	ut CO	S N/A	i j	Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities		<b>VAVA</b>		
Room and playground capacity met Center capacity met License/complaint visible Certified food manager			DANA		Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair		Ø		
Sanitation Approved Garbage and garbage bins maintained Vector control maintained			NA N		Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,				
Water system approved and functioning Waste water system approved					and functioning		Z		
and functioning Food service approved  Possible Monetary Penalty			5		Electrical outlets protected Large appliances located properly Sinks and toilets working properly		ANA		
1	Mon \$	etary Pei	nalty		Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet				
2	_ \$				nutritional guidelines, if present Exits, doors and fastening devices				
3 4	\$ \$				single action approved and in good working order	Z			
5	\$				Exits unobstructed Required smoke detectors, carbon	Z			
Age/Child/Sta	ff Name				monoxide monitors, fire extinguishers and thermometers placed properly and in good working order		Ø		
2.					First aid kits stocked and easily access	ible 🗌			
<ol> <li>4.</li> </ol>					Playground area clean, shaded, well drained and equipped and fence in goo repair	d	Z		
5.					Playground equipment meets standards	s 🗆	Z		
6					Pool area clean, fenced, and adequately maintained	y 			Z
			, 0 (		Diaper changing stations adequate in number and each fully supplied (number)	) . <u>:</u>		□ <i>b</i> c -	
Center Director/Individual	Gopy - F	el ju	nerator	VZU	Child Care Representative	MIM	1m 7	TUMP	LUS) 1
White Copy - Facility File Yellow Mississippi State Department of He		U	ser aivi	12-1	0-08	7003	F	orm/No	281



**Child Care Encounter** 

District 2 Date 8 19 202	
Name Booneville Head Start License No. Pending	
Address 2405 E Chambers Dr. Booneville MS Center/Organization/Individual	
Purpose Follow-Up Final Director Angelegue Beene	
Mileage Start Mileage End	
County Prentiss Telephone No. 728-7913	
Time In 1:00 Time Out 1:40 Total Time	
Findings/Comments Here to conduct follow-up visit and final inspection.	
Form 281 was updated. (All outs corrected) Form 281 completed. (All outs corrected)	
COFT received Fire Form #333.	
All forms on Child care checklist have been received.	
Once CCFI approves license, email will be sent to owner & Director that will include a code. The license fee must be paid before a temporary license can be issued.	
Director will send a letter from a MAP official stating that the old location will be officially closed. Whichever date the owner prefers. Send to CUFE	
Kitchen received an "A"; no critical violations in the kitch	<u>nen</u> .
White Copy - Facility File Yellow Copy - Operator  Mississippi State Department of Health  White Copy - Facility File Yellow Copy - Operator  Revised 6-24-09  Form No. 2	

Mississippi State Department of Health



County Prentiss	Date 8 19 2021			
Facility Name Booneville Head Start	License Number Pew	ina		
	Capacity_105			
All Items In Red Are Critical  Oualified director present  In Out COS N/A  U   U	Other Items - Must be corrected Children's belongings separated/stored Evacuation plans posted Menus posted and served Plan of activities	In Out	cos	<b>N/A</b>
Proper staff to child ratio present  Room and playground capacity met  Center capacity met  License/complaint visible  Certified food manager	Building and Grounds Walls, ceilings, floors, toys, equipment clean and in good repair			
Sanitation Approved Garbage and garbage bins maintained Vector control maintained Water system approved and functioning	Lighting approved Heating/cooling approved Ventilation adequate Glass approved and shielded Telephone on premises, available,			
Waste water system approved and functioning Food service approved	and functioning  Electrical outlets protected  Large appliances located properly  Sinks and toilets working properly			
Possible Monetary Penalty  1 Monetary Penalty  2 \$	Hot water at all sinks, not to exceed 120° Children barred from kitchen Vending machine snacks meet nutritional guidelines, if present			
3\$	Exits, doors and fastening devices single action approved and in good working order			
5 \$ Age/Child/Staff Name	Exits unobstructed Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order			
1. 2.	First aid kits stocked and easily accessib	ole 🖸 🗆		
3. 4.	Playground area clean, shaded, well drained and equipped and fence in good repair			
5.	Playground equipment meets standards			•
6.	Pool area clean, fenced, and adequately maintained			
Center Director/Individual Wolf Copy - Facility File Yellow Copy - Facility Operator Mississippi State Department of Health	Diaper changing stations adequate in number and each fully supplied (number)  Club Child Care Representation   12-10-08		OV Form N	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)



### **Child Care Facility Data Sheet**

- 8								
ELECTROPHIC CONTRACTOR AND ADDRESS OF THE PERSON NAMED IN CONTRACTOR	Fa	cility	Name	B	soneville Head Start Date 8/3/2021			
-	Ph	ysica	l Addı	ress_	2405 E Chambers Dr.; Booneville, MS 38829			
Operator MAP Daytime Telephone Number 129-7913								
-	4	Comr	nercia	l Fac	ility Occupied Residence Year Building was constructe			
-	То	tal#	of Flo	ors_	# of Floors Used for Child Care # of Rooms # of Rooms Used for Child Care			
Water Street, or other Persons named on the Persons					onry Brick Frame Metal Other			
L			/Grou	-				
		-			ance with Regulations Out = Out of compliance with regulations NA = Does not apply			
	A. G	ienera	I					
		In/	Out	NA				
		<b>W</b>			<ol> <li>Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.</li> </ol>			
					2. Walls — Gelean Grepair Gpaint Greplace			
	OK,	N.			3. Floors — □ clean □ repair □ paint □ replace			
8	Man (				4. Ceiling - clean repair paint replace (wirls exposed for phone interes)			
0	(%)	A	_ 🖸		5. Plug covers on all outlets.			
	X-1				6. Barriers installed as needed − □ kitchen □ stairways □ windows □ porches □ other			
					7. Handrails – 🗆 steps 🔾 landings 🔾 toilets 🔾 other			
					8. Heating/cooling – 🗆 gas 🐷 electric 🗅 other			
					Note — Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.			
				4	9. Unapproved heaters (must be removed).			
		<b>4</b>	, <b>u</b>		10. Adequate, proper heating and/or cooling systems.			
		<b>V</b>			11. Child safe thermometers at child level in every room utilized by children.			
	٠.λ				12. Adequate lighting. Note – All lights must be shielded.			
1			VI		13. Telephone accessible to caregivers. (in WOUSS)			
11	m,	7			14. Individual compartments or hooks for each child.			
,	\	9			15. Diaper changing stations in all rooms housing children who are not toilet trained.			
					Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations			
					16. Approved – waste water water water supply			
					17. Emergency evacuation plan posted.			
		√,			18. Hot and cold running water at all handwashing sinks.			
	,	- 100	П	П	19 Building constructed prior to 1965 has been tested for lead			

In /Out NA
1. Adequate refrigeration with thermometer.
2. Adequate cooking appliances (stoves/microwaves/ovens)  Note - Number and Type must be based on menu evaluation and number of meals to be prepared.  3. Approved stove hood, vented to outside per fire codes.
4. Separate freezer when 50+ children are served.  5. Approved dishwasher. Not in use at this time (3 00. Sink will be used)
5. Approved dishwasher. Not the second dishwasher.
(1) (2) a 6. Three (3) compartment sink. (not water needed)
7. Food preparation sink.
8. Mop sink.
9. Handwashing sink. Note – All sinks must have hot and cold water.
C. Grounds
In Out NA
1. Approved play area with fence.  A play ground againment removed.
2. All hazards including non-approved playground equipment removed.  3. Playground equipment approved before installation. (no equipment at this time)
3. Playground equipment approved before installation. (1)
4. Playground completed before opening for business.
5. Safe arrival/departure areas.
□ □ 6. Soil tested for lead.
□ □ 7. Other
II. Furniture And Euipment
A. Furniture
In Out NA  1. Appropriate
-/-
3. Adequate number
B. Equipment In ∠Out NA
In Out NA  I I I Approved location of laundry equipment
1. Approved location of laundry equipment
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